

CITY OF BURLINGTON APPLICATION FOR EMPLOYMENT

For assistance in completing the application form please contact Brittany Johnson in Human Resources at (360) 755-0535

				Positio	on Applied f	or:		
			I	Date o	of Application	on:		
RST NAME	M.	INIT.	AST NAM	IE				
TREET ADDRESS	CITY				STATE			ZIP
HONE (HOME)		PHO	NE (WOF	RK)				
e you now or have you ever been nployed by the City of Burlington?	☐ Yes	-	-					
re you known to schools / references by	another name?				ne:			
re you able to work?	shifts 🔲 O	n-Call						
o you have relative(s) employed by City o	of Burlington: 🚨	No □Y	es	If	yes, Name(s))		
				_				
o vou possess a valid WA state driver's li	icense? 🔲 No	☐ Yes	Drive	er's Lice	ense Number:			
lave you ever been convicted of a felony	or served time in	prison? [No C] Yes	ense Number:			
ave you ever been convicted of a felony of the reviewing the essential functions from	or served time in n the job annound ting is required, w	prison? [ement, are	No Use you ab	⊒ Yes ele to pe	erform them wi	ith or w	ithout rea	sonable
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Alare you ever been convicted of a felony of the reviewing the essential functions from accommodation? No Yes If test ame of High School Attended No lege-Names of Colleges or Universities you possess any of the following? Fire Science Degree or equal Commercial Drivers License	or served time in the job announcing is required, w City Major IFSAC Firefi	prison? Cement, and all you need DUCATI Start Ghter 1 Certified	No Construction of the second	Grad To	erform them widation for the to the total value? Yes Full Years Completed Washin	No Programme Section S	G.E.D Deg	sonable No Yes No Irees Dates
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Do you possess a valid WA state driver's lidave you ever been convicted of a felony of the reviewing the essential functions from accommodation? No Yes If test ame of High School Attended Ollege-Names of Colleges or Universities o you possess any of the following? Fire Science Degree or equal Commercial Drivers License est other training, certificates, licenses which wo	or served time in the job announcing is required, w City Major IFSAC Firefi	prison? Cement, and all you need DUCATI Start Ghter 1 Certified	No Construction of the second	Grad To	erform them widation for the to the total value? Yes Full Years Completed Washin	No Programme Section S	G.E.D Deg	Sonable No Yes No

REFERENCES - Please give name, address, telephone number, and association of three references not related to you.				
EMPLOYMENT HISTORY - Start with present or last job and work back, include military ser	vice and appropriate volunteer experience.			
Employed by: (Agency or Firm)	Your Duties			
Street Address				
City & State				
Your Job Title				
Supervisor's Name/Title				
Employed From (Mo./Yr.) To (Mo./Yr.)	Reason For Leaving:			
May we contact this employer No Yes				
Employed by: (Agency or Firm)	Your Duties			
Street Address				
City & State				
Your Job Title				
Supervisor's Name/Title				
Employed From (Mo./Yr.) To (Mo./Yr.)	Reason For Leaving:			
May we contact this employerNoYes				
Employed by: (Agency or Firm)	Vous Puties			
Street Address	Your Duties			
City & State				
Your Job Title				
Supervisor's Name/Title	Page Ford and in the			
Employed From (Mo./Yr.) To (Mo./Yr.)	Reason For Leaving:			
May we contact this employerNoYes				
Attach supplemental sheets:				
□ Consent to Release Information				
☐ Authorization for WATCH Background Check Form				
☐ Proof of Current CPAT Certification				
□ Driving record abstract				
AUTHORIZATION AND CERTIFICATE	1			
I authorize City of Burlington at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.				
 I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligibility list, or if I have been appointed, cause my dismissal from City of Burlington. I understand all statements made on this application may be investigated. 				
 Federal Law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization. 				
 I understand that any offer of employment is contingent upon my agreeing to submit to and obdrug screen. A physical examination is required prior to consideration for active duty. Applica 				
Date: Signature:				



Burlington Fire Department

Consent to Release Information and Release from Liability

To Whom It May Concern:

I am an applicant for the position of Part-time Firefighter with the Burlington Fire Department. I understand that the position I am applying for requires me to operate privately owned vehicles, City owned vehicles, and Burlington Fire Department apparatus in the performance of assigned duties and tasks. Moreover, I understand the position I am applying for is that of protecting and serving the public and one which requires personal attributes of trustworthiness and confidentiality.

I, therefore, consent to the release of any and all information, both public and private, concerning my driving record, criminal history, and background. I request your cooperation in supplying this information to the Burlington Fire Department, in response to any written request from the Burlington Fire Department.

I hereby agree to release you and those who may supply you with information of this kind, your company and/or organization, and the City of Burlington, its employees and agents, and the Burlington Fire Department, from any liability and for any damages which may result from furnishing this information.

Applicant Signature	Date
Applicant Name (Printed)	
Witness Signature	Date
Witness Name (Printed)	



Applicants for employment or volunteer positions
Police Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the City of Burlington with any and all information you have concerning me, my work record, my reputation, my medical records, my financial status, and my military service record. Information of confidential or privileged nature may be included. Your reply will be used to assist the City of Burlington in determining my qualifications and fitness for the position I am seeking with the City of Burlington.

I understand my rights under Title 5, United States Code, Section 552a, Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by the City of Burlington in conjunction with employee procedures.

I hereby release you, your organization, and others, from any liability or damage which may result from furnishing the information requested.

I authorize the City of Burlington and/or the Washington State Patrol through the W.A.T.C.H. program to provide the City with Criminal History Information and I understand that this information will not be released to any unauthorized persons pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.

Applicant's S	ignature		Da	ite
(Please print)			BE: 1-11-
Applicants	Last Name		irst	Middle
	Date of Birt	th:		Sex:
	Alias:			
	Driver's Lic	ense #:		State:
Request:		story Check pertaining to e		
Degrapated by				
Requested by:	Name of Dep	artment Head / Supervisor (pleas		epartment:
information thro	ugh the Washin		(W.A.T.C.H.) will not	ate Patrol criminal history record be released to any unauthorized
Department Hea	ad/ Supervisor S	Signature	Date	
FOR OFFICE U	ISE ONLY:	Date WATCH request subm	itted:	
		Submitted to WATCH by:		
		Popultar		

Note: A photo reproduction of this request shall be for all intents and purposes as valid as the original.

ADR ADRS



Driving Record Request

Use this form to request a driving record. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and \$13 for each record requested in a check or money order payable to the Department of Licensing to:

For validation only

106-060-421-0005

Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.				
Requestor information				
PRINT or TYPE Requestor name	(Area code) Daytime telepi	hone number		
Name of individual or company where you want the drive record(s) sent				
, , , , , , , , , , , , , , , , , , , ,				
How would you like the driving record(s) sent to you? (Choose one) Delivery information (Email, [Area code] Fax number, or mailing address) The second only information (Email, [Area code] Fax number, or mailing address)				
*You may select U.S. mail only if you are requesting one driver record.				
I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested. RCW 46.52.130, 18 USC Chapter 123 You may either sign or type your name. By typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individuals requested. RCW 46.52.130, 18 USC Chapter 123				
X				
Date and place signed Signature				
Drive record(s) requested				
PRINT or TYPE Name (Last, First, Middle initial)	Washington driver license number	Date of birth (mm/dd/yyyy)		
Type of record requested (Select all that apply) Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:				
□ Noncommercial insurance record (3 year) – Used to create and renew vehicle insurance policies.				
☐ Commercial insurance record (3 year) – Used to create and renew commercial vehicle insurance policies.				
☐ Life insurance record (3 year) —Used to create and renew life insurance policies.				
☐ Employment record – Used by employers to determine employment eligibility.				
□ Volunteer/Transit record – Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.				
\square School bus driver record – Used to determine if a person should be employed to operate a school bus.				
Bill and mail this request to school district				
School district authorization Re	questor code			
Complete record – A complete driving record of the person named	on the driving record.			

If requesting additional records, attach separate sheets using the same format as above. Submit \$13 for each record requested. Note: We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.